



Friends of *The OPP Museum*, a non-profit charitable organization, supports and promotes *The OPP Museum*.

777 Memorial Avenue  
Orillia Ontario L3V 7V3

705-330-4178  
[support@oppmuseumfriends.ca](mailto:support@oppmuseumfriends.ca)  
[www.oppmuseumfriends.ca](http://www.oppmuseumfriends.ca)

# Volunteer Application and Agreement Form

Please print clearly and fill in all blanks:

<b>Applicant name:</b>		
Street:		
City:	Province:	Postal code:
Daytime phone:		Evening phone:
Email:		
Emergency contact name:		Phone:

Tell us a bit about your previous volunteer experience (if any): \_\_\_\_\_

What **Friends of *The OPP Museum*** volunteer opportunities interest you? (check all that apply)

**Admin**

- computer skills
- mailings
- filing
- graphic design
- volunteer co-ordination
- accounting

**Fundraising**

- soliciting funds
- phone calling
- planning/organizing
- event support
- working with public
- other (please specify) \_\_\_\_\_

**Outreach**

- public events
- organization
- phone calling
- working with public
- presentations

**Communications**

- writing
- interviewing
- researching
- newsletter
- marketing

**What is your availability?**

- I can work pretty much any time, please just let me know
- I have restricted hours (please write in the hours that you may be available)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

Are you available seasonally? What date ranges are you available?

- Winter \_\_\_\_\_
- Spring \_\_\_\_\_
- Summer \_\_\_\_\_
- Fall \_\_\_\_\_



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Do you have any medical concerns you would like us to know about? (i.e. asthma, allergies, heart condition). Some activities include physical demands (i.e. carrying boxes or displays or standing for long periods of time.) Please indicate any restrictions you may have on this type of activity.

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**Your signature below indicates that you understand that all volunteers for Friends of *The OPP Museum* must agree:**

- That as a volunteer my function is to support the mission and purposes of Friends of *The OPP Museum* by volunteering my time and expertise without expectation of compensation or future benefit;
- To familiarize myself with and abide by all applicable OPP, OPP Museum and Friends of *The OPP Museum* policies and procedures;
- To build relationships based on mutual respect;
- To consent to any required police security background checks;
- To sign a Crown Liability Release and Confidentiality Agreement form;
- To sign an Image and Interview Release Agreement

**Volunteers who are 18 and over:**

<b>Applicant name (please print):</b>	<b>Signature*:</b>
<i>*I hereby warrant that I am at least 18 years of age.</i>	

**Volunteers who are 17 and under:**

<b>Applicant name (please print):</b>	<b>Signature:</b>
<b>Parent/Guardian Name (please print):</b>	<b>Signature**:</b>
<i>**I hereby warrant that I am the parent/guardian of the above-named minor and I hereby consent to named minor entering into this agreement in accordance with the terms of the above release that I have executed both on my own behalf and on behalf of the named minor.</i>	

We thank you for your interest.

The Board of Directors reserves the right of refusal for any volunteer wishing to work in its programs. Volunteers support and enhance Friends' programs.